



BUSINESS ACCOUNT APPLICATION

FOR USE ON NEW BUSINESS ACCOUNTS AND CHANGING/ADDING SIGNERS TO EXISTING BUSINESS ACCOUNTS.

By signing this document, I authorize BankCherokee to obtain information regarding my identity, credit history, and other banking history from a consumer-reporting agency. I understand that this information will be used in conjunction with the request to open or modify a deposit account being submitted by within named entity on which I will be an authorized signer. I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, BankCherokee will communicate this fact to owners and/or authorized signers of the (proposed) account. I further authorize BankCherokee to obtain such information at any time from one or more consumer reporting agencies that it may choose as long as I am an authorized signer on the account.

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or any other relationship with BankCherokee. Restricted transactions are transactions in which a person/business accepts credits, funds, financial instruments, or any other proceeds from another person/business in connection with unlawful Internet gambling. By signing below, I certify that this business does not engage in either the Internet gambling business or processing Internet gambling-related transactions. I will notify BankCherokee in the event of any change in circumstance related to the above topics.

ENTITY INFORMATION

_____ Name	_____ EIN
_____ Address	_____ Business Phone
_____ City / State / Zip	_____ Website Address
_____ Nature of Business	

SIGNER 1		SIGNER 2	
_____ Name / Title		_____ Name / Title	
_____ % of Ownership in the Business		_____ % of Ownership in the Business	
_____ Social Security Number	_____ Date of Birth	_____ Social Security Number	_____ Date of Birth
_____ Address / City / State / Zip		_____ Address / City / State / Zip	
_____ Home Phone		_____ Home Phone	
_____ Business Phone		_____ Business Phone	
_____ Cell Phone		_____ Cell Phone	
_____ Email Address		_____ Email Address	
_____ Signer 1 Signature		_____ Signer 2 Signature	
_____ Date		_____ Date	

TO BE COMPLETED BY BANKER

_____ Type of Entity		_____ State of Organization	
_____ Articles/Agreement		_____ Authorization/Resolution	
_____ Date		_____ Date	
_____ SIGNER 1 ID Number		_____ SIGNER 2 ID Number	
_____ ID Issue State/Country		_____ ID Issue State/Country	
_____ ID Type		_____ ID Type	
_____ ID Issue Date		_____ ID Issue Date	
_____ ID Exp. Date		_____ ID Exp. Date	

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SIGNER 3		SIGNER 4	
Name / Title		Name / Title	
% of Ownership in the Business		% of Ownership in the Business	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Address / City / State / Zip		Address / City / State / Zip	
Home Phone		Home Phone	
Business Phone		Business Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Signer 3 Signature	Date	Signer 4 Signature	Date

TO BE COMPLETED BY BANKER

SIGNER 3 ID Number		SIGNER 4 ID Number	
ID Issue State/Country		ID Issue State/Country	
ID Type		ID Type	
ID Issue Date	ID Exp. Date	ID Issue Date	ID Exp. Date

CHECKSYSTEMS VERIFICATIONS

Resp. Code _____

SIGNER 1 Verification Date _____ Comments _____

SIGNER 2 Verification Date _____ Comments _____

SIGNER 3 Verification Date _____ Comments _____

SIGNER 4 Verification Date _____ Comments _____